MIAMI-DADE COUNTY
Delivering Excellence Every Day

SUPERVISORY CERTIFICATION PROGRAM (SCP)

A P P L I C A T I O N

1. Request approval from supervisor or authorizing signature.
2. Complete **one application for one block** of core courses.
3. Applications should be interoffice-mailed to **SPCC Bldg Government Center 21ˢᵗ floor ATTN: Marcela Diaz**, or <u>faxed to 305-375-4138.</u>
4. Incomplete applications will be returned to employee.
5. <u>**48 hours**</u> **(two business days) advance notice is required to cancel a class**.
6. All applications will be **confirmed prior to the class.**

Last Name First Name	### CORE COURSES **BLOCK #: _____**
Social Security Number	☐ EMS _____ **Effective Management Skills** ☐ OPP _____ **Orientation to Personnel Procedures** ☐ FEP _____ **Fair Employment Practices** ☐ PPA _____ **Proactive Performance Appraisal** ☐ DIS _____ **Progressive Discipline**
Department/Division/Locator # (DDL)	☐ SUS I _____ **Supervisory Safety I** ☐ SUS II _____ **Supervisory Safety II** ☐ BUS _____ **Business Writing level I OR** ☐ BUS2 _____ **Business Writing level II**
Work Address	**(Note: BUS/BUS2 - Business Writing class:** supervisors are required to take <u>**one**</u>, or if they want both, to meet the core requirement) • If not registering for the complete block, please check desired core course(s) you will be taking during this block.

Work Telephone Number, Beeper or E-mail Address Required for confirmation purposes	

ELECTIVE COURSES

Current Classification (Title/Position) **INDEX CODE** : ☐_____ (letters and numbers) Application(s) missing the department's index code **WILL NOT** be processed.	*(Date)* ☐BUD _____ **Budget Preparation** ☐CRS _____ **Conflict Resolution** ☐CSC _____ **Customer Service and Communication** ☐CUD _____ **Cultural Diversity** ☐DVA _____ **Domestic Violence Awareness** ☐DWDP _____ **Dealing with Difficult People** ☐MWD _____ **Mediating Workplace Disputes** ☐PRO _____ **Procurement Guidelines** ☐STI _____ **Structured Interview and Selection Techniques** ☐VIW _____ **Violence in the Workplace**
No. of years you have been a County Supervisor:_____ **Course Fee(s)**: $ 85.00 per class	A separate application is required for each elective course. Please check desired elective course (12 hours required)

_____ _____ _____ _____
Supervisor or Authorizing Signature Print Name   Telephone   Approval Date

Classes will be held in the **Stephen P. Clark Center, Rooms 18-A and 18-B**, unless otherwise indicated on the schedule. There will be a sign near the west elevators on the 18ᵗʰ floor assigning room locations.

Applicants who arrive <u>15 minutes or later</u> to class will be asked to reschedule the class.